

NOV 15 2006

Atty Docket No. 021724-000410US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner

Group Art Unit 1465

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Botti et al., Application No. 10/517,392, filed June 17, 2005 for CARBOXY PROTECTION STRATEGIES FOR ACIDIC C-TERMINAL AMINO ACIDS IN CHEMICAL LIGATION OF OLIGOPEPTIDES are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

Request for Withdrawal as Attorney or Agent and Change of Correspondence and Change of Correspondence Address. Number of pages being transmitted, including this page: 3

Dated: November 15, 2006 _____

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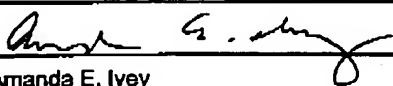
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NOV 15 2006 PTO/SB/21 (07-06)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/617,392	
	Filing Date	June 17, 2005	
	First Named Inventor	Botti, Paolo	
	Art Unit	1465	
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	021724-000410US

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (Form PTO/SB/83)		
<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm Name	Townsend and Townsend and Crew LLP			
Signature				
Printed name	William B. Kezer			
Date	November 15, 2006	Reg. No. 37,369		

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being filed via EFS-Web with the United States Patent and Trademark Office on the date shown below.			
Signature			
Typed or printed name	Amanda E. Ivey	Date	November 15, 2006

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NOV 15 2006

PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0851-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/517,392
Filing Date	June 17, 2005
First Named Inventor	Paolo Botti
Art Unit	
Examiner Name	
Attorney Docket Number	021724-000400US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 20350

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

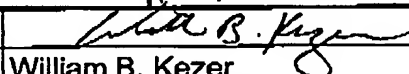
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Country	US		
Telephone	(858) 552-2200	Email	
Signature			
Name	William B. Kezer	Registration No.	37,369
Date	November 15, 2006	Telephone No.	(925) 472-5000

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